ADVISORY COMMITTEE OF THE COMMISSION FOR MH/DD/SAS
January 9, 2003

Commission Members Present: Judy Lewis; Emily Moore; Martha Martinat; George Jones; Marvin Swartz; Dorothy Crawford; Ellen Holliman; Pender McElroy

Others: Erin Drinnin, Duncan Munn; Tara Larson; Charles Franklin; Richard Visingardi; Mary Watson; Marilyn Brothers

Dr. Marvin Swartz call the Advisory Committee meeting to order at 10:00 a.m.

Dr. Swartz noted that Dr. Donald Stedman's mother had died and he would be chairing the meeting in his absence.

Commission Update
Pender McElroy reported that in an effort to assist the Commission and also to advise the Director and Secretary, the chairs of the Rules Committee, Advisory Committee and himself as chairman of the Commission will have regular meetings with the Executive Leadership Team. These meetings will be held four times a year. Mr. McElroy reported that Dr. Visingardi was very open and receptive to these meetings.

Mr. McElroy noted that the next Commission meeting will be held February 24, 2003 and the orientation for Commission members will be February 25, 2003.

A question was raised regarding whether the new general statute which establishes criteria for Commission members would have an impact on the current Commission members. Mr. McElroy noted that it would have an impact and as current appointments expires, appointments would be made based upon this criteria.

Early Intervention Services
Duncan Munn, Director of the Early Intervention Section of Maternal and Child Health in the Department of Public Health presented on early intervention services. Mr. Munn stated that early intervention is focused on children under three with or at risk for developmental disabilities, delays, or atypical development and their families. He stated that many children have special health care needs as well. Its purpose is to allow children to reach their maximum potential and provide the information and support related to this goal to families.

Mr. Munn noted that there have been several changes in early intervention services. These changes are a result of special provisions passed by the General Assembly. One of the changes was the designation of the Division of Public Health of the Department of Health and Human Services as the state level lead agency responsible for planning, evaluating, and ensuring the availability of a statewide system of early intervention

services. The General Assembly also directed the Division of Public Health to complete a statewide assessment of some key aspects of the early intervention services which include waiting lists for evaluation and follow-up services, use of Medicaid and third party receipts as funding sources for early intervention services, and an evaluation of ways to combine local services currently provided through the Area Program Mental Health, Developmental Disabilities, and Substance Abuse Services, Health Departments, Developmental Evaluation Centers, and regional therapists in order to improve service delivery efficiency.

Mr. Munn reported on the process to complete the statewide assessment and the values directing system designed. It was felt any systems design should be predicated on core values that relate to best practices in early intervention. Some of these core values included easy access to services for families; equity and consistency in the availability of early intervention in all parts of the state; early intervention policies must be implemented consistently in all parts of the state; any system design should maximize opportunities for family involvement in planning, providing, and evaluating services in all parts of the state.

Mr. Munn reported that they will keep the current network of 18 Developmental Evaluation Centers(DEC); however, the DEC's will be assuming a new role. In the past their role was in conducting the evaluations. Now the DEC's will be responsible for ensuring that all Individualized Family Service Plans (IFSP) services are available to all the children who qualify. Mr. Munn stated that this does not mean the DEC's has to provide the services but rather ensure these services are available. This includes not only involving the public agencies but also private agencies. There was much discussion regarding the role of the DECs and the contracting for services to meet their requirement. It was noted that area programs do not have a problem with contracting for services for client's who have Medicaid but do have problems contracting for services for client's who do not have Medicaid or other means to pay for services. Mr. Munn addressed some of the additional changes for the DECs. These areas included the expansion of case management services as well as their system management capacity.

Mr. Munn noted that all of the DECs will also have a regional interagency council which will be comprised of local representatives of all the different agencies involved in early intervention, private providers, and parents. The functions of the interagency councils will be to implement and evaluate child find and public awareness activities; assessment of local service system; identification of gaps and developing plans for services to address these gaps; evaluation of services and monitoring for compliance with state and federal early intervention regulations; and staff development for personnel from all the participating agencies.

Mr. Munn noted that there are five area programs that wanted to be involved in the changes effective July 1, 2003. They included Edgecombe-Nash, Wilson-Greene, VGFW, Durham, and Riverstone. Mr. Munn noted that the new system will have to be implemented across the state by July 1, 2004.

Mr. Munn was asked in what areas could the Commission assist with these efforts. Mr. Munn reported that some areas included policy development, provider/requirement development, use of services, and service definitions.

(For additional information regarding Mr. Dunn's presentation, please see attachment entitled Early Intervention-Report To The NC General Assembly-April 2002.)

Commission Orientation

Erin Drinnin reported on the Commission orientation. Ms. Drinnin reported the orientation is scheduled for February 25, 2003 from 9:00 a.m.–4:00 p.m. The tentative agenda includes best practice for substance abuse and mental health. Flo Stein will present on substance abuse best practices and Bonnie Morrell will present on adult mental health best practices. At this time, no one has been identified to present on children mental health best practices. For the rule making process, Richard Whisnant from the Institute of Government and Joe DeLuca with the Rules Review Commission will present. After further discussion, it was decided that since the topics already identified for the February 25th orientation would be a full day and work continues on best practice for child mental health, best practice for child mental health and developmental disabilities would be presented at a later date to the Advisory Committee.

Presentation on Special Education Services in North Carolina Public Schools

Dr. Mary Watson, Director of Exceptional Children's Services presented on special education services in North Carolina Public Schools. Dr. Watson reported that the law that governs the special education services in the public schools is the Individuals With Disabilities Education Act (IDEA). The state statutes that follows this Federal law is in need of revision and proposals to bring them in line with the Federal law will be made to the legislative session. The law requires that every child with disabilities will be guarantee a free and appropriate public education. Dr. Watson noted that with recent regulations there is more emphasis on children with disabilities having access to the general curriculum. Dr. Watson reported to assist schools with defining what is access to the general curriculum, the Exceptional Children Division has extended the standard course of study. She noted they have taken the goals in the standard course of study and broaden it to include functional skills. Another change is the inclusion of all children in testing. Dr. Watson reported they are not where they had hope to be with the testing to ensure children with disabilities have better access to the state testing program. She reported that every child in grade third through eight grade is tested and is in the accountability system. The positive side is that for the first time for children with disabilities, everyone in public schools is talking about curriculum and learning activities for these children. Children with disabilities are no longer in classrooms just being taken care for the day but are in classrooms being pushed academically hopefully as much as they can go. Dr. Watson reported that currently student progress and compliance with IDEA is measured with student outcome.

Dr. Watson stated North Carolina is 11th in population in the nation and 10th in the number of students with disabilities.

Dr. Watson also described the Exceptional Children Division. The Division included Special Programs; Behavioral Support Services; Policy, Monitoring and Due Process; and Areas of Exceptionality. She also noted they have contracted with six universities across the state to have a person on staff at each of the universities to work directly in that region with the local schools with the exceptional children programs.

Dr. Watson noted that some of the problems they are experiencing is not just with keeping teachers but also administrators are leaving.

Dr. Watson also addressed IDEA and the No Child Left Behind Act. She stated people are getting confused about the requirements for IDEA and for No Child Left Behind. Dr. Watson reported they are trying to develop a friendly tool regarding both so people can understand both requirements.

Dr. Watson spoke about the ABCs of public education in N.C. She stated this is North Carolina's approach to accountability. She stated we are nationally known for this program.

Dr. Watson noted the common themes in their continuous improvement plan were policies and procedures; data systems for collection and analysis; personnel development; training; and participation of consumers/families.

Dr. Watson was asked how the Commission could be thinking of how they can help both mental health system and public school system work together as mental health reform rolls out. Dr. Watson noted that will be a great challenge and at this time did not have a specific answer for the question but more thinking would need to be given in that area. Further discussion noted that collaboration both at the state and local level would be helpful.

Revised Mission Statement for the Commission

Ellen Holliman reported on the sub-committee's work on revising the mission statement for the Commission. The proposed statement presented was as follows: The mission of the North Carolina Commission for Mental Health, Developmental Disabilities and Substance Abuse Services is to promote excellence in prevention, treatment and rehabilitation programs for persons with mental illness, developmental disabilities, substance abuse disorders in the state of North Carolina. A recommendation was made and with consensus of the group to add "intervention" after "prevention" in the mission statement. The next steps will be for the sub-committee to expand the mission statement to include guiding principles. The sub-committee will bring the mission statement back to the April Advisory Committee and after this committee's approval it will be presented to the Commission.

Discussions and Plans for Next Meeting

Dr. Swartz requested from the group suggestions for future meetings. One suggestion was to have some providers present to the Advisory Committee on how they see mental

health reform impacting on their service delivery. Other areas included the growth and diversity of providers, type and numbers of providers, etc.

Other

Concerns were expressed that a physician was not involved in the State Plan at the Division level. Dr. Visingardi reported he was working on this issue and hoped to have it resolved by the next Commission meeting.

Another concern expressed to be addressed at the next Commission meeting was the Mental Health Trust Fund and how it is being used.

There was a request for the full Commission to receive a Legislative Update similar to what they received in the past.

Other concerns expressed included the need to do more public relations with the legislators to inform them of who the Commission is and the role of the Commission. One suggestion was to appoint a committee who has an interest in laision with the legislators. It was suggested maybe the Advisory Committee could think of ways to promote awareness of informing the legislators of the Commission.

The need to become more involve with the County Commission Statewide group was expressed.

There being no further business, the meeting was adjourned at 3:00 p.m.